

LEADING PATIENT ORGANIZATIONS SUPPORT HOUSE FILE 3611 AND SENATE FILE 2136



PASS HOUSE FILE 3611 & SENATE FILE 2136! Let's Make Sure #AllCopaysCount

Patients are facing yet another barrier in the form of new “copay accumulator adjustment programs.” Legislators are able to save Minnesotans thousands of dollars IMMEDIATELY by passing HF 3611 (Rep. Moran) and SF 2136 (Sen. Kunes)!

What are “Copay Accumulator Adjustment Programs” and how do they impact Minnesotans? Minnesotans are facing rising out-of-pocket costs for the care and medicines they need. One way that patients—particularly those with chronic, complex conditions—afford their medicines is through copay assistance programs, where financial assistance is provided to help cover patient out-of-pocket prescription costs.

But increasingly, insurance companies and pharmacy benefit managers (PBMs) are refusing to count copay assistance program payments toward patients’ deductibles and out-of-pocket maximums through a practice known as “copay accumulator adjustments.” This often results in quite a shock when Minnesotans realize they are being forced to pay thousands of dollars out-of-pocket just as they thought they’d met their annual deductible or cost-sharing limit. Further, these programs allow health insurers and PBMs to “double dip” by accepting funds from both the cost sharing assistance program and the patient beyond the original deductible amount and the annual out-of-pocket limit.

How will HF 3611 & SF 2136 address this growing problem for Minnesotans?

Legislation would require health insurers to **count ALL payments made by patients** directly or on their behalf toward their deductibles, copayment, coinsurance, overall out-of-pocket maximums, or any other cost sharing requirement. This would protect patients from unexpected bills when they pick up their medicines and ensure they can utilize the help that pharmaceutical manufacturers and other third parties provide to help patients afford health care.

Why is it critical to pass HF 3611 & SF 2136 in 2022?

Waiting to address this growing problem will cost individual Minnesotans thousands of extra dollars.

- **For many Minnesotans, copay assistance programs are the only way they can afford the care they need.** The COVID-19 pandemic has only exacerbated the financial strain that high-cost treatments put on patients and their families. Minnesotans should not be punished for using copay assistance to help afford their treatments.
- **Denying copay assistance from counting towards a patient’s deductible and out-of-pocket cost maximum will cause otherwise stable patients in Minnesotans to discontinue their treatment, leading to serious, even life-threatening, complications.** Patients are only able to use this type of assistance after they have met requirements for coverage of their medication, including inclusion on the patient’s formulary and utilization management protocols, such as prior authorization and step therapy. Accordingly, if patients are faced with an accumulator adjustment program, they have likely exhausted any other cheaper alternatives, if there are any. This all leads to patients less likely to adhere to their medications and negative outcomes for the patient.
- **Many patients and providers are unaware of these programs until their assistance runs out and they attempt to refill their medication** These programs are often buried in the fine print of health plans, requiring patients to pay thousands of dollars to hit their deductible/out-of-pocket maximum before receiving care.
- **Other states have already acted!** States like Virginia, West Virginia, Illinois, Arizona, and Georgia have already enacted similar legislation. Many states have already introduced legislation in 2022.